



State of Alaska
LOST-STOLEN-DAMAGED PROPERTY REVIEW
(See State Property Manual for Instructions)

No. 47244

1. Department		2. Division		3. Section		4. Date	
5. Property Location		6. Check One <input type="checkbox"/> Lost		7. Police Notified <input type="checkbox"/> Yes, attach report <input type="checkbox"/> No, explain in 13			
8. Serial No.		9. Description		10. Class Code			
11. Tag No.				12. Value \$			
13. Circumstances (Include Names of Witnesses):							
Signature of Custodian				Printed Name			
Date				Date			
COMPLETE 14				ACTION TAKEN			
14. I certify that, to the best of my knowledge, the above is true. Negligence apparent: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain precautions taken to safeguard State property.				Any action been taken?			
Signature of Immediate Supervisor				Printed Name			
Date				Date			
15. I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings and RECOMMENDATIONS:							
Signature of Division Director				Printed Name			
Date				Date			
16. The above findings <input type="checkbox"/> are <input type="checkbox"/> are not consistent with RECOMMENDATIONS: Item <input type="checkbox"/> will <input type="checkbox"/> will not remain in service (for damage)				NEW Policies.			
Signature of Department Property Officer				Printed Name			
Date				Date			
17. I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings and RECOMMENDATIONS:				be taken as recommended.			
Signature of Commissioner or Designee				Printed Name			
Date				Date			
18. I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings and RECOMMENDATIONS:				be dropped from inventory.			
Signature of State Property Manager				Printed Name			
Date				Date			

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PROPERTY LOSS OR DAMAGE REPORT Fire Suppression		1. CREW NAME OR NO.	2. ID NO. (Form OF-288, Emerg. Firefighter Time Report)
		3. ISSUED TO (Name and Address)	
4. ISSUING OFFICE OR CAMP NAME			
5. FIRE NAME	6. FIRE NO.	7. TYPE EMPLOYEE (Mark one with "X") <input type="checkbox"/> Regular Gov't. <input type="checkbox"/> Casual Firefighter <input type="checkbox"/> Other _____	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property No., if applicable)		QUANTITY	
a.			
b.			
c.			
9. Employee report on circumstances of loss or damage to property listed:			
10. SIGNATURE		11. DATE	
12. Witness report:			
13. SIGNATURE		14. DATE	
15. Fire Boss or Property Control Officer comments regarding loss or damage:			
16. SIGNATURE	17. TITLE	18. DATE	